

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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2		/				
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47						
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	9					
TOTAL CLAIMS	10					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

1